



## Complete Summary

### TITLE

Mental health utilization: number and percentage of members receiving the following mental health services during the measurement year: any services, inpatient, intensive outpatient or partial hospitalization, and outpatient or emergency department (ED).

### SOURCE(S)

National Committee for Quality Assurance (NCQA). HEDIS® 2009: Healthcare Effectiveness Data & Information Set. Vol. 2, Technical Specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2008 Jul. various p.

### Measure Domain

#### PRIMARY MEASURE DOMAIN

Use of Services

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

#### SECONDARY MEASURE DOMAIN

Does not apply to this measure

### Brief Abstract

#### DESCRIPTION

This measure assesses the percentage of members receiving the following inpatient mental health services during the measurement year:

- Any services
- Inpatient
- Intensive outpatient or partial hospitalization
- Outpatient or emergency department (ED)

#### RATIONALE

It is estimated that 22.1 percent of American adults suffer from a diagnosable mental disorder. Federal legislation defines serious mental illness as "a mental

disorder that substantially interferes with one's life activities and ability to function." Given this definition, it is estimated that 5.4 percent of the adult population in the United States is affected by serious mental illness each year. Approximately half of those receive some form of treatment. Overall, 15 percent of adults and 21 percent of children ages 9-17 receive mental health services in any one year, though very few of those treated receive adequate treatment.

## PRIMARY CLINICAL COMPONENT

Mental health services; inpatient; intensive outpatient; partial hospitalization; outpatient; emergency department (ED)

## DENOMINATOR DESCRIPTION

For Medicaid, Commercial and Medicare product lines, all member months for the measurement year for members with the benefit, stratified by age and sex. Refer to *Specific Instructions for Use of Services Tables* in the original measure documentation for more information.

**Note:** Because some organizations may offer different benefits for inpatient and outpatient mental health services, denominators in the columns of the member months table may vary. The denominator in the *Any services* category should include all members with any mental health benefit.

## NUMERATOR DESCRIPTION

Members who received inpatient, intensive outpatient, partial hospitalization, outpatient and emergency department (ED) mental health services (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

## Evidence Supporting the Measure

### EVIDENCE SUPPORTING THE VALUE OF MONITORING USE OF SERVICE

- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences

## Evidence Supporting Need for the Measure

### NEED FOR THE MEASURE

Unspecified

## State of Use of the Measure

### STATE OF USE

Current routine use

### CURRENT USE

Accreditation  
Monitoring and planning

### Application of Measure in its Current Use

#### **CARE SETTING**

Managed Care Plans

#### **PROFESSIONALS RESPONSIBLE FOR HEALTH CARE**

Measure is not provider specific

#### **LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED**

Single Health Care Delivery Organizations

#### **TARGET POPULATION AGE**

All ages

#### **TARGET POPULATION GENDER**

Either male or female

#### **STRATIFICATION BY VULNERABLE POPULATIONS**

Measure results are stratified by age and sex.

### Characteristics of the Primary Clinical Component

#### **INCIDENCE/PREVALENCE**

See the "Rationale" field.

#### **ASSOCIATION WITH VULNERABLE POPULATIONS**

Unspecified

#### **BURDEN OF ILLNESS**

Unspecified

#### **UTILIZATION**

See the "Rationale" field.

#### **COSTS**

Unspecified

## Institute of Medicine National Healthcare Quality Report Categories

### IOM CARE NEED

Not within an IOM Care Need

### IOM DOMAIN

Not within an IOM Domain

## Data Collection for the Measure

### CASE FINDING

Both users and nonusers of care

### DESCRIPTION OF CASE FINDING

For Medicaid, Commercial and Medicare product lines, all member months for the measurement year for members with the benefit, stratified by age and sex

### DENOMINATOR SAMPLING FRAME

Enrollees or beneficiaries

### DENOMINATOR INCLUSIONS/EXCLUSIONS

#### Inclusions

For Medicaid, Commercial and Medicare product lines, all member months for the measurement year for members with the benefit, stratified by age and sex. Refer to *Specific Instructions for Use of Services Tables* in the original measure documentation for more information.

**Note:** Because some organizations may offer different benefits for inpatient and outpatient mental health services, denominators in the columns of the member months table may vary. The denominator in the *Any services* category should include all members with any mental health benefit.

#### Exclusions

Unspecified

### RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are not equally eligible to appear in the numerator

### DENOMINATOR (INDEX) EVENT

Patient Characteristic

## DENOMINATOR TIME WINDOW

Time window brackets index event

## NUMERATOR INCLUSIONS/EXCLUSIONS

### Inclusions

Members who received inpatient, intensive outpatient, partial hospitalization, outpatient and emergency department (ED) mental health services

- **Inpatient.** Include inpatient care at either a hospital or treatment facility with mental health as the principal diagnosis. Use an Inpatient Facility code in conjunction with a principle mental health diagnosis (refer to Table MPT-A in the original measure documentation), **or** DRGs (refer to Table MPT-B). Include discharges associated with residential care and rehabilitation.
- **Intensive outpatient and partial hospitalization.** Report intensive outpatient and partial hospitalization claims/encounters (refer to Table MPT-C in the original measure documentation) in conjunction with a principal mental health diagnosis (refer to Table MPT-A). Count services provided by physicians and nonphysician practitioners.
- **Outpatient and ED.** Report outpatient and ED claims encounters (refer to Table MPT-D in the original measure documentation) in conjunction with a physical mental health diagnosis (refer to Table MPT-A). Count services provided by physicians and nonphysician practitioners. Only include observation stays and ED visits that do not result in an inpatient stay.

### Exclusions

Exclude from the *Intensive outpatient and partial hospitalization* category any services the health plan knows to be inpatient based on Type of Bill, Place of Service or Location of Service codes.

## MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

## NUMERATOR TIME WINDOW

Encounter or point in time

## DATA SOURCE

Administrative data

## LEVEL OF DETERMINATION OF QUALITY

Does not apply to this measure

## PRE-EXISTING INSTRUMENT USED

Unspecified

## Computation of the Measure

### SCORING

Rate

### INTERPRETATION OF SCORE

Undetermined

### ALLOWANCE FOR PATIENT FACTORS

Analysis by subgroup (stratification on patient factors, geographic factors, etc.)

### DESCRIPTION OF ALLOWANCE FOR PATIENT FACTORS

This measure requires that separate rates be reported for commercial, Medicare and Medicaid plans.

Measure results are stratified by age and sex.

### STANDARD OF COMPARISON

External comparison at a point in time  
External comparison of time trends  
Internal time comparison

## Evaluation of Measure Properties

### EXTENT OF MEASURE TESTING

Unspecified

## Identifying Information

### ORIGINAL TITLE

Mental health utilization (MPT).

### MEASURE COLLECTION

[HEDIS® 2009: Healthcare Effectiveness Data and Information Set](#)

### MEASURE SET NAME

[Use of Services](#)

**DEVELOPER**

National Committee for Quality Assurance

**FUNDING SOURCE(S)**

Unspecified

**COMPOSITION OF THE GROUP THAT DEVELOPED THE MEASURE**

National Committee for Quality Assurance's (NCQA's) Measurement Advisory Panels (MAPs) are composed of clinical and research experts with an understanding of quality performance measurement in the particular clinical content areas.

**FINANCIAL DISCLOSURES/OTHER POTENTIAL CONFLICTS OF INTEREST**

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**ADAPTATION**

Measure was not adapted from another source.

**RELEASE DATE**

2004 Jan

**REVISION DATE**

2008 Jul

**MEASURE STATUS**

This is the current release of the measure.

**SOURCE(S)**

National Committee for Quality Assurance (NCQA). HEDIS® 2009: Healthcare Effectiveness Data & Information Set. Vol. 2, Technical Specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2008 Jul. various p.

**MEASURE AVAILABILITY**

The individual measure, "Mental Health Utilization (MPT)," is published in "HEDIS® 2009. Healthcare Effectiveness Data & Information Set. Vol. 2, Technical Specifications."

For more information, contact the National Committee for Quality Assurance (NCQA) at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Telephone: 202-955-3500; Fax: 202-955-3599; Web site: [www.ncqa.org](http://www.ncqa.org).

## **NQMC STATUS**

This NQMC summary was completed by ECRI Institute on March 27, 2009. The information was verified by the measure developer on May 29, 2009.

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